



DOMESTIC WIRE TRANSFER REQUEST

DATE: _____

REQUIRED FIELDS

MEMBER INFORMATION: In person _____ Fax _____ Telephone _____ Call back by _____

Member Name: ** _____

Address: ** _____ City** _____ State** _____ Zip: ** _____

Amount of Wire Transfer: \$ _____ Day Air Account #: _____

Amount of Fee: 25.00 USA (\$25.00)

Total Amount to be Debited: \$ _____ Phone #: ** _____

WIRE TRANSFER INSTRUCTIONS: Verify numbers with Members to insure legible and accurate information.

WIRE TO: Financial Institution Name: ** _____
Financial Institution Address: ** _____
City, State, Zip Code: ** _____
Financial Institution ABA/Routing No: ** _____
Financial Institution Phone Number: _____

CREDIT TO: Name or Financial Institution: ** _____
Account Number: ** _____
Address of receiving individual: _____

SIGNATURE AND AUTHORIZATION

I authorize Day Air Credit Union, Inc. to transfer the amount (Total Amount to be Debited) from my designated account based on the Wire Transfer Instructions I have dictated above. I verify all information provided is correct. I understand Day Air Credit Union is not responsible for any monetary loss that I may incur with regard to this wire transfer due to inaccurate information. I further understand wires received after 1pm may be processed on the next business day.

Signature of Member (Verified signature Teller # _____)

**
Date _____

Keyed by: _____ Transmitted by: _____

Time: _____

Manager Approval: _____ Know your member questions: _____

If you have questions, please call: 937-643-2160 or 888-329-2472

You may fax this request to: 937-643-3870. You may also email your question to: mail@dayair.org.